Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check it applicable Please SIMULATION INTEROPERABILITY STANDARDS use tRS label o |Address |change ORGANIZATION, INC. print or Name change type 59-3429074 Doing Business As Instial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Specific Termin-POST OFFICE BOX 781238 321-436-8441 Instructions City or town, state or country, and ZIP + 4 583,253. G Gross receipts \$ Applica-ORLANDO, FL 32878-1238 H(a) Is this a group return pending F Name and address of principal officer STEPHEN J. **SWENSON** for affiliates? Yes X No 13 ROUNDTABLE CT., RICHMOND, RI 」Yes ∟ No H(b) Are all affiliates included? I Tax-exempt status X 501(c) (3) ◀ (insert no) L 」 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► WWW.SISOSTDS.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1997 M State of legal domicile: FL Part I Summary Briefly describe the organization's mission or most significant activities SOFTWARE STANDARDS DEVELOPMENT SCA#WEE MARACIURIES Blovernance AND EDUCATION $oldsymbol{ol{ol{ol}}}}}}}}}}}}}}}}}}}}$ Check this box ▶ Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 1 5 Total number of employees (Part V, line 2a) 130 6 6 Total number of volunteers (estimate if necessary) 0. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 **7**a Net unrelated business taxable income from Form 990-T, line 34 7b 0. Prior Year **Current Year** 223,344. <u>55,589.</u> Contributions and grants (Part VIII, line 1h) 435,383. 526,768. Program service revenue (Part VIII, line 2g) 73. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d Other revenue (Part VIII, column (A), lines 5, 60,86 (4d-10), and 11e)

Total revenue add lines 8 through 11 (100s) entral Part VIII, column (A), line 12) 5,098 823. 11 663,825 583,253. Grants and similar amounts paid (Part IX, column (A), Jines 1 3)
Benefits paid to or for members (Part IX, Martin (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX colupted 11a)

16a Professional fundraising fees (Part IX colupted 11a) 95,940 103,328. mn (A), lines 5-10) b Total fundraising expenses (Part IX, column 20) 599,535. 564,614. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f 24f) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 695,475. <u>667,942.</u> <31,650. <u><84,689.</u>> Revenue less expenses Subtract line 18 from line 12 Ses Beginning of Current Year End of Year 400,224. 315,535. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 21 Set Net assets or fund balances Subtract line 21 from line 20 400,224. 315,535 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, 3/8/10 Sian Signature of officer Here STEPHEN J. SWENSON, DIRECTOR/PRESIDENT Type or print name and title Check if Date Preparer's identifying number (see instructions) Preparer's self-employed ▶ Paid 3-2-10 ssereth signature Preparer's Firm's name (or AVERETT WARMUS DURKEE, EIN > Use Only 1417 E. CONCORD STREET selt-employed). Phone no. $\triangleright 407 - 849 - 1569$ ORLANDO, FL 32803

X Yes

Form 990 (2009)

May the IRS discuss this return with the preparer shown above? (see instructions)

SIMULATION INTEROPERABILITY STANDARDS Form 990 (2009) 59-3429074 ORGANIZATION, INC. Page 2 Part III Statement of Program Service Accomplishments Bnefly describe the organization's mission. SOFTWARE STANDARDS DEVELOPMENT AND EDUCATION Did the organization undertake any significant program services during the year which were not listed on 2 Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 477,696. including grants of \$ (Code) (Expenses \$) (Revenue \$ 4a SEE STATEMENT 1 176,753. including grants of \$) (Revenue \$ (Code) (Expenses \$ IN 2009, SISO CONDUCTED THREE SIMULATION INTEROPERABILITY WORKSHOPS. THE WORKSHOPS SUPPORT THE PRESENTATION OF PAPERS AND PROGRAM UPDATES.

: (Code) (Expenses \$	including grants of \$) (Revenue \$		
-					
			<u> </u>		
				·	
Other program	n services (Describe in Schedule O)				

) (Revenue \$

Form **990** (2009)

including grants of \$

654,449.

4e

(Expenses \$

Total program service expenses ▶ \$

Form 990 (2009) ORGANIZATION, INC.
Part IV Checklist of Required Schedules

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VI 11 Is the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 12 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 13 Did the organization report an amount for other lasted in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 14 Did the organization report an amount for other lasted in Part X,	X X X X X
2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 9 Did the organization intend provide a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV 10 Did the organization is answer to any of the following questions "Yes?" If so, complete Schedule D, Part SV, VII, VII, IV, or X as applicable 9 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII 10 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII 10 Did the organization report an amount for other labilities in Part X, line 15 that is 5%	X X X X
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12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 2	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_
3. Dalling a contract of the state of the st	<u>X_</u>
14a Did the organization maintain an office, employees, or agents outside of the United States?	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	
	<u>X</u> _
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	
	<u>X_</u>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	
	<u>X</u> _
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	.,
	<u>X</u>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	v
	<u>X</u> _
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	v
	<u>X</u> X
20 bid the organization operate one of more hospitals / ii / Fest, complete schedule // Form 990 (200	12

Form 990 (2009)

ORGANIZATION, INC.

59-3429074

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Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I 25b Х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 26 Х person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete X Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties, (see Schedule L. Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28b An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV Х 28c Х Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? 34 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 X 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 X If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2009)

ORGANIZATION, INC. Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of							
	U.S. Information Returns. Enter -0- if not applicable	0						
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	l	1c	N/A				
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,	ſ						
	filed for the calendar year ending with or within the year covered by this return 2a	1						
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	ſ						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this retum?	ĺ	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b					
4a	At any time dunng the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. [4a		<u>X</u>			
ь	If "Yes," enter the name of the foreign country:	[
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and							
	Financial Accounts.							
5a	Was the organization a party to a prohibited tax shelter transaction at any time duning the tax year?	L	5 a		_X_			
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	Ĺ	5b		X			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited							
	Tax Shelter Transaction?	Ļ	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soli	crt			x			
	any contributions that were not tax deductible?							
b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	-	6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	s			v			
	provided to the payor?	ŀ	7a		<u>X</u>			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	-	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		7.		Х			
a	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed dunng the year 7d 7d	F	7с					
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal							
·	benefit contract?		7e		х			
f		F	7f		<u>X</u>			
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	F		N/A				
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098·C as required?	Ī		N/A				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	ne						
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holding							
	at any time duning the year?	/A	8]				
9	Sponsoring organizations maintaining donor advised funds.							
а		/A [9a					
b	Did the organization make a distribution to a donor, donor advisor, or related person?	/A [9ь					
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders N/A 11a							
þ	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	-	12a					
<u> </u>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		لـــــــــــــــــــــــــــــــــــــ					

Form 990 (2009)

ORGANIZATION, INC.

59-3429074

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sec	tion A. Governing Body and Management							
			Yes	No				
1a		힉						
b	Enter the number of voting members that are independent	5						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	_2_		_X_				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors or trustees, or key employees to a management company or other person?	3_		<u>X</u>				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X					
6	Does the organization have members or stockholders?	6	X					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the							
	governing body?	7a 7b	X	X				
b								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
	by the following							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		1	Γ				
		<u></u>	Yes	No				
	Does the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with those of the organization?	10b	Х					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?							
11A	A Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a								
b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise							
	to conflicts?	12b	 					
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-						
40	in Schedule O how this is done	12c		v				
13	Does the organization have a written whistleblower policy?	13		X				
14	Does the organization have a written document retention and destruction policy?	14	-					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150		х				
	The organization's CEO, Executive Director, or top management official	15a		X				
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b		<u> </u>				
16-			•					
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х				
L	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	104	1	1				
D	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b	1					
Sec	tion C. Disclosure	1 100						
17	List the states with which a copy of this Form 990 is required to be filed ▶FL							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for						
13	public inspection. Indicate how you make these available. Check all that apply.							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ancial					
.5	statements available to the public							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation [.]	>					
_0	DUNCAN C. MILLER - 781-271-9872							
	1 DONOVAN DRIVE, BEDFORD, MA 01730							

Form 990 (2009) ORGANIZATION, INC.

NIZATION, INC. 59-3429074

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of *key employee.*
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order. Individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if the organization did not c	ompensate an	y cı	ırrer	nt off	icer	, dire	ecto	r, or trustee	T			
(A)	(B)							(D)	(E)	(F)		
Name and Title	Average hours	Position (check all that apply)				lv)	Reportable compensation	Reportable compensation from related	Estimated amount of			
	per	\vdash				1			from	other		
	week	direct				_		the	organizations	compensation		
		tee or	ustee			ensate		organization (W-2/1099-MISC)	(W·2/1099-MISC)	from the organization		
		al trus	nal tr	1	loyee	d E C O M O S		(44-27 1099-14113C)		and related		
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
STEPHEN J. SWENSON			 -	-	-		<u> </u>					
DIRECTOR/PRESIDENT	4.00	X						0.	0.	0.		
CHARLES J. COHEN												
DIRECTOR/TREASURER	6.00	X						0.	0.	0.		
CHRIS ROUGET	4 00											
DIRECTOR/SECRETARY	4.00	X	ļ			-	_	0.	0.	0.		
JAMES M. MCCALL DIRECTOR/CHAIRPERSON	4.00	x						0.	0.	0.		
STEVE L. MONSON	4.00	A				\vdash		<u></u>	•			
DIRECTOR/VICE PRESIDENT	4.00	X						0.	0.	0.		
		ļ	_		ļ	<u> </u>						
		\vdash	╁	┢								
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						<u></u>	<u></u>					

Page 7

Page 8

(A)	(B)			(C	-			(D)	(E)	(F		
Name and title	Average hours	(cl					ly)	Reportable compensation	Reportable compensation		amount	
	per w e ek	Individual trustee or director	Institutional trustee	Officer				from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC		from th organizat and relat	ation ie tion ted
		-								_		
			_									
			-		-							
												•
										-		
Total								0.) .		0.
Total number of individuals (including b		hose	liste	ed at	oove	e) wh	no re	' 			- Iv	
•			e, ke	y em	ploy	yee,	or h	nighest compensated er	mployee on			No X
For any individual listed on line 1a, is the and related organizations greater than 3	e sum of reportat \$150,000? <i>If</i> "Yes	ole co s, " co	mple	ete S	Sche	edule	J f	for such individual				х
the organization? If "Yes," complete Sc				rom	any	unr	elat	ed organization for serv	ices rendered to		5	х
the organization	t compensated in	depe	ende	ent co	ontr	acto	ors t		\$100,000 of comp	ensatio		
Name and busin								Description of s		Com	(C) pensatio	on
		,]	FL_	32	282	26					68,2	33.
							-					
	rs (including but										······································	
	Total Total Total number of individuals (including becompensation from the organization) Did the organization list any former official line 1a? If "Yes," complete Schedule J If For any individual listed on line 1a, is the and related organizations greater than Solid any person listed on line 1a receive the organization? If "Yes," complete Schedule J If and related organizations greater than Solid any person listed on line 1a receive the organization? If "Yes," complete Schedule J I	Name and title Average hours per week Total Total Total number of individuals (including but not limited to t compensation from the organization ▶ Did the organization list any former officer, director or triline 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportal and related organizations greater than \$150,000? If "Yes Did any person listed on line 1a receive or accrue compethe organization? If "Yes," complete Schedule J for such tion B. Independent Contractors Complete this table for your five highest compensated in the organization (A) Name and business address IVERSITY OF CENTRAL FLORIDA	Name and title Average hours per week Did the organization from the organization Por any individual sted on line 1a, is the sum of reportable coand related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for any individual listed on line 1a receive or accrue compensation be and related organizations greater than \$150,000? If "Yes," complete Schedule J for such persition B. Independent Contractors Complete this table for your five highest compensated independent Contractors Complete this table for your five highest compensated independent Contractors Complete this table for Your five highest compensated independent Contractors Complete This table for Your five highest compensated independent Contractors Complete This table for Your five highest compensated independent Contractors Complete This table for Your five highest compensated independent Contractors Complete This table for Your five highest compensated independent Contractors Complete This table for Your Five highest compensated independent Contractors Complete This This This This This This This This	Name and title Average hours per week Daylor of the check per week Daylor of the check	Name and title Average hours per week Position Po	Name and title Average hours per week Average hours	Name and title Average hours per week Day of the companies of individuals (including but not limited to those listed above) which compensation from the organization Did the organization list any former officer, director or trustee, key employee, line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual For any individual listed on line 1a receive or accrue compensation from any unrethe organization? If "Yes," complete Schedule J for such person tion B. Independent Contractors Complete this table for your five highest compensated independent contractor the organization (A) Name and business address IVERSITY OF CENTRAL FLORIDA	Name and title Average hours per week Name and title Average hours per week Name and title Name an	Name and title Average hours per week Description of the compensation from the organization Description of the large lar	Name and title Average hours per week Position (check all that apply) Compensation from the organization graph and the per week Position (check all that apply) Compensation from the organization graph and the per week Position (w.271099-MISC) W.271099-MISC) W.271099-MISC)	Name and title Average hours per week Average week Average hours per week Average week Average hours per week Average week all that apply) Average week Average we	Name and title Average Postton Check all that apply) Reportable Compensation Compen

Form 990 (2009)

ORGANIZATION, INC. 59-3429074__ Page 9 Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Unrelated Related or excluded from business exempt function tax under sections 512. revenue revenue 513, or 514 1 a Federated campaigns 1a 9,089. 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 46,500. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 55,589 h Total. Add lines 1a 1f Business Code 2 a WORKSHOP REGISTRATION 900099 340,768. 340,768. 186,000 b GOV'T AGENCY CONTRACT 900099 186,000. f All other program service revenue 526,768. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 73. 73. other similar amounts) Income from investment of tax-exempt bond proceeds 823. 823. Royalties (ı) Real (II) Personal 6 a Gross Rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less, cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total, Add lines 11a-11d 0. 583,253. 527,591. 73. Total revenue. See instructions.

Form 990 (2009)

59-3429074 Page 10

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple	and 501(c)(4) organizat ete column (A) but are	not required to comple		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in		- 		
-	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees		1707 A		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	95,940.	95,940.		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	F 300			
10	Payroll taxes	7,388.	7,388.		
11	Fees for services (non-employees)				
а	Management	4 240		4 240	
b	Legal	4,248.		4,248.	·
C	Accounting	3,472.		3,472.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology Royalties				
15 16	Occupancy				
17	Travel	3,992.	3,992.		
18	Payments of travel or entertainment expenses	3,332.	3,332.		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,001.	1,001.		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	IST CONTRACT EXPENSES	368,233.	368,233.		
b	WORKSHOP EXPENSES	176,753.	176,753.		
С	TELEPHONE	3,032.	.,	3,032.	
d	PAYROLL EXPENSES	1,142.	1,142.		
е	SUPPLIES	1,113.		1,113.	
f	All other expenses	1,628.		1,628.	
25	Total functional expenses. Add lines 1 through 24f	667,942.	654,449.	13,493.	0.
26	Joint costs. Check here if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				Form 990 (2009)

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Par	tΧ	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	207,820.	2	255,445.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II			
		of Schedule L .		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
sts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
٩	g	Prepaid expenses and deferred charges		g	
	10 a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments · program-related See Part IV, line 11		13	
	14	Intangible assets	100 101	14	60.000
	15	Other assets See Part IV, line 11	192,404.	15	60,090. 315,535.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	400,224.	16	315,535.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	* ***
bilit	22	Payables to current and former officers, directors, trustees, key employees,			
Lıa		highest compensated employees, and disqualified persons. Complete Part II		00	
	~	of Schedule L	-	22 23	
	23	Secured mortgages and notes payable to unrelated third parties		24	- -
	24	Unsecured notes and loans payable to unrelated third parties Other liabilities Complete Part X of Schedule D		25	
	25 26	Total liabilities. Add lines 17 through 25	0.	26	0.
-	20	Organizations that follow SFAS 117, check here X and complete	·	-20	<u></u>
_s		lines 27 through 29, and lines 33 and 34.			
č	27	Unrestricted net assets	400,224.	27	315,535.
alar	28	Temporarily restricted net assets	200/222	28	
B	29	Permanently restricted net assets		29	
ŭ		Organizations that do not follow SFAS 117, check here			
r F		complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	400,224.	33	315,535.
	34	Total liabilities and net assets/fund balances	400,224.	34	315,535.

Form **990** (2009)

Form 990 (2009) ORGANIZATION, INC. 59-3429074 Page 12
Part XI Financial Statements and Reporting

ra	Thancial Statements and neporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			İ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		l
		Form	990	2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public Inspection

Name of the organization

SIMULATION INTEROPERABILITY STANDARDS ORGANIZATION, INC.

Reason for Public Charity Status (All organizations must complete this part) See instructions

Employer identification number 59-3429074

ne	orgai			because it is (For lines	_		-						
1	닏			s, or association of chur			ction 170	(b)(1)(A)(ı)).				
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)								
3	\sqsubseteq	A hospital or	a cooperative hospi	tal service organization (described	In section	170(b)(1)	(A)(ıii).					
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in s e	ction 170	(b)(1)(A)(ii	ı). Enter t	the hospital	's nam	ne,
		city, and stat	e	_									
5		An organizati	ion operated for the	benefit of a college or ui	niversity o	wned or op	perated by	a governi	mental uni	t describ	ed ın		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6		A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(I)(A)(v).					
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		section 170((b)(1)(A)(vi). (Comple	te Part II)									
8		A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
g	$\overline{\mathbf{x}}$	-		eives (1) more than 33		•	rom contri	butions, m	nembershi	p fees, ar	nd aross rea	ceipts	from
_		•		nctions - subject to certa		• •				•	•		
			•	axable income (less sect	-		•				•		
			509(a)(2). (Complete	•		,			,			-,	_
10				perated exclusively to te	st for publ	ic safety S	See sectio	n 509(a)(a	1)				
11	二	_	-	perated exclusively for the	-	-			•	v out the	nurnoses o	of one	or
•		_	-	ations described in secti		-				•	-		-
		•		organization and compl		-		,	,	u)(0), 0			
		a Type I	_ · · · ·	¬ -		e III - Func		egrated		d 🗌	Type III - (Other	
				it the organization is not			•	•	r more disc		- ,,		ın
·		, ,	, ,	han one or more publich		•	•	•		•	•		
f			•	ten determination from		•				5(a)(1) 01	occilori coc	-	
•		9	rganization, check th			11 11 15 ti 1 y	pe i, Type	п, ог турс					
			-	organization accepted ar	ny aift or c	ontribution	from any	of the follo	owing ner	eons?			
g		_		irectly controls, either al			_					Yes	No
		• •		upported organization?	one or tog	etrier with	persons	iesci ibed	iii (ii) ai io (iii) Delevv,	11g(i)	163	140
		_		n described in (i) above?	1								
		• • • • • • • • • • • • • • • • • • • •	•	person described in (i) (2					11g(ii) 11g(iii)		
h		` '	•	about the supported or							<u> Highiij</u>		
h		1 TOVIGE THE I	Ollowing information	about the supported on	gariization	(3)							
				(iii) Type of	(iv) Is the	roanization	(v) Did voi	i notify the	(vi) Is	the			
(1)		of supported	(ii) EIN	organization	(iv) Is the organization (v) Did you notify the organization in col. (i) listed in your organization in col.						(vii) An	nount o port)1
	org	anization		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	(i) organız U S	.?	Sup	port	
				(see instructions))	Yes	No	Yes	No	Yes	No			
				(11111111111111111111111111111111111111		1.0	7.5	- 110	1				
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Schedule A	(Form	990 or	990-EZ	2009

Page 2

_	art II Support Schedule for	Organizations	Described in	Sections 170	0(b)(1)(A)(iv) an	d 170(b)(1)(A)(/i)
	(Complete only if you checke	-			- (-)(-)(-) ()		•
Se	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(2)	(2)	(9) = 331	1	197=000	
	membership fees received (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the				1		
	amount shown on line 11,						
	column (f)						
_6	Public support. Subtract line 5 from line 4			<u> </u>			
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				-		
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)					<u> </u>	
	Total support. Add lines 7 through 10					1.01	
12	Gross receipts from related activities,	•	•	المعالم المسامة المسامة المسامة	•	12	
13	First five years. If the Form 990 is for	•	s iirst, secona, tni	ra, tourth, or tinh	tax year as a section	on 501(c)(3)	_
Sec	organization, check this box and storection C. Computation of Publ		rcentage	···			
	Public support percentage for 2009 (-	column (fi)		14	%
15			-	COIGITITY (1))		15	
	33 1/3% support test - 2009. If the o			n line 13. and line	14 is 33 1/3% or r	<u> </u>	
	stop here. The organization qualifies	-				,	▶ □
b	33 1/3% support test - 2008. If the o	rganization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	-					ightharpoons
17a	10% -facts-and-circumstances tes		•		e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			· · · · · · · · · · · · · · · · · · ·	•	J	▶□
b	10% -facts-and-circumstances tes	-			-	17a, and line 15 is	10% or
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	s 🕨
					Sch	edule A (Form 990	or 990-EZ\ 2009

INC

Schedule A (Form 990 or 990 EZ) 2009 ORGANIZATION.

59-3429074 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008(e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any *unusual grants *) 142,725. 438,075. 223,344. 55,589. 901,153. 41,420. Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the 549,989. 424,413. 435,383. 526,768. 2528517. 591,964. organization's tax exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 862,488. 658,727. 582,357. 633,384. 692,714. 3429670. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year c Add lines 7a and 7b 0. 3429670. Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2006 (d) 2008 (e) 2009 (a) 2005 (c) 2007 (f) Total 3429670. 633,384. 692.714. 862,488 658,727. 582.357. 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 20,937. 7,074 5,098. 896. 57,969. 23,964. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 20,937. 23,964 7,074 5,098. 57,969. c Add lines 10a and 10b 896. 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 654,321. 716,678. 869,562. 663,825. 583,253. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.34 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 98.33 16 Public support percentage from 2008 Schedule A. Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.66 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) 17 % 67 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 1. % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not $\triangleright [X]$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 19 a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule D

(Form 990)

Oepartment of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

SIMULATION INTEROPERABILITY STANDARDS ORGANIZATION, INC.

Employer identification number 59 - 3429074

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the			
	organization answered "Yes" to Form 990, Part IV, lin	e 6				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)		_			
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds			
	are the organization's property, subject to the organization's		Yes No			
6	Did the organization inform all grantees, donors, and donor a		e used only			
	for charitable purposes and not for the benefit of the donor of					
	impermissible private benefit?		Yes No			
Pai	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)				
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an hi	storically important land area			
	Protection of natural habitat	Preservation of a cer	tified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year					
			Held at the End of the Tax Year			
а	Total number of conservation easements		2 a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic sti	2c				
d	Number of conservation easements included in (c) acquired	2d				
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax					
	year					
4	Number of states where property subject to conservation ea	sement is located >				
5	. ,	s the organization have a written policy regarding the periodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements		└── Yes └── No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
7	Amount of expenses incurred in monitoring, inspecting, and		· · · · · · · · · · · · · · · · · · ·			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170				
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No			
9	In Part XIV, describe how the organization reports conservat	•				
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for			
Dat	conservation easements rt III Organizations Maintaining Collections o	Ant Historical Treasures or (Ther Similar Assets			
Ган	Complete if the organization answered "Yes" to Form	•	Aner Ommar Assets.			
	Complete if the organization answered Tes to Form	330, 1 art 10, mile 3				
10	If the organization elected, as permitted under SFAS 116, no	at to report in its revenue statement and h	palance sheet works of art, historical			
Ia	treasures, or other similar assets held for public exhibition, e	·				
	the footnote to its financial statements that describes these	•	some service, provide, in traction, the text of			
b	If the organization elected, as permitted under SFAS 116, to		nce sheet works of art, historical treasures.			
-	or other similar assets held for public exhibition, education, of					
	these items					
	(i) Revenues included in Form 990, Part VIII, line 1		> \$			
	(ii) Assets included in Form 990, Part X		> \$			
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi				
	the following amounts required to be reported under SFAS 1					
а	Revenues included in Form 990, Part VIII, line 1	-	> \$			
	Assets included in Form 990, Part X		► \$			

-		ATION, IN								Page 2
Par	t III Organizations Maintaining C	collections of A	Art, His	torical Tr	easures,	or Othe	er Simila	er Asse	ts (conti	nued)
3	Using the organization's acquisition, accessi	on, and other reco	rds, chec	k any of the	following that	at are a s	ignificant ι	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition				hange progr	ams				
b	Scholarly research		e	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expl	aın how t	hey further t	he organizat	ion's exe	mpt purpo	se in Parl	XIV	
5	During the year, did the organization solicit of	r receive donation:	s of art, h	istorical trea	isures, or oth	ner sımılaı	assets		_	
	to be sold to raise funds rather than to be m								Yes	No
Pai	t IV Escrow and Custodial Arran	-	olete if or	ganızatıon aı	nswered "Ye	s" to For	m 990, Pai	rt IV, line	9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	ian or other interm	ediary for	contribution	ns or other as	ssets not	ıncluded			
	on Form 990, Part X?							L	Yes	N o
b	If "Yes," explain the arrangement in Part XIV	and complete the	following	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2 a	Did the organization include an amount on F	orm 990, Part X, Iır	ne 21?						Yes	∟ No
b_	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete	f the organization a	answered	"Yes" to Fo	rm 990, Part					
		(a) Current year	(b) F	Prior year	(c) Two yea	irs back	(d) Three y	ears back	(e) Four	years back_
1 a	Beginning of year balance		-							
b	Contributions		_		1					
С	Net investment earnings, gains, and losses					1				
d	Grants or scholarships		ļ							
е	Other expenditures for facilities									
	and programs				ļ					
f	Administrative expenses				ļ					
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held	as							
а	Board designated or quasi-endowment	n= .	%							
b	Permanent endowment	%								
С		%								
3 a	Are there endowment funds not in the posse	ssion of the organ	zation th	at are held a	and administe	ered for ti	he organız	ation	Г	
	by									Yes No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(iı)	
b	If "Yes" to 3a(ii), are the related organization:								3b	
4	Describe in Part XIV the intended uses of the				5	40				
Par										
	Description of investment	(a) Cost or		1 ' '	t or other		ccumulate	a	(d) Book	value
		basis (inves	unent)	Dasis	(other)	dep	oreciation			
	Land			-				_		
b	Buildings			-			 			
C	Leasehold improvements	<u> </u>								
d	Equipment			 		ļ				
<u>e</u>				(D) t== t	10(-1)	L				
ı otal	. Add lines 1a through 1e (Column (d) must e	quai rorm 990, Pa	rı A, COIUI	יווח (ש), ווne ז	10(C))	_				_ 0.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 ORGANIZATI	ON, INC.	59	9-3429074 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 12		
(a) Description of security or category	(b) Book value	(c) Method of value	
(including name of security)	(b) Book value	Cost or end-of-year ma	arket value
Financial derivatives		_ _	
Closely-held equity interests			
Other			
Total (Col (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>		
Part VIII Investments - Program Related.	See Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value	(c) Method of valu	
	(5, 250), value	Cost or end-of-year ma	arket value
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, III			
the state of the s	a) Description		(b) Book value
OFFICER RECEIVABLE - SEE STA	TEMENT A		60,090.
		. 	
			60.000
Total. (Column (b) must equal Form 990, Part X, col (B) In			60,090.
Part X Other Liabilities. See Form 990, Part X		-) America	
1 (a) Description of liability		o) Amount	
Federal income taxes			
	<u></u>		
Total. (Column (b) must equal Form 990, Part X, col (B) In	ne 25) >		

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 932053 02-01-10

Schedule D (Form 990) 2009 ORGANIZATION, INC. 59-3429074 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) 2 2 Excess or (deficit) for the year. Subtract line 2 from line 1 3 3 Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 6 Investment expenses 6 7 Pnor period adjustments 7 8 Other (Describe in Part XIV.) 8 9 Total adjustments (net). Add lines 4 through 8 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments **2**a Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIV) e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIV) 4b c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: **2**a a Donated services and use of facilities b Pnor year adjustments 2b c Other losses 2c d Other (Describe in Part XIV.) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) 4b c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

SIMULATION INTEROPERABILITY STANDARDS ORGANIZATION. INC.

Employer identification number 59 - 3429074

URGANIZATION, INC. 59-3423074
FORM 990, PART VI, SECTION A, LINE 5: SEE STATEMENT A.
FORM 990, PART VI, SECTION A, LINE 6: THE MEMBERS OF SISO, INC. ARE THOSE
WHO HAVE BEEN ELECTED TO ONE OF THE THREE MAIN SISO COMMITTEES (EXECUTIVE
COMMITTEE, CONFERENCE COMMITTEE, STANDARDS ACTIVITY COMMITTEE) WHO HAVE
CERTIFIED THAT THEIR EMPLOYERS HAVE NO OBJECTION TO THEIR SERVING IN THE
LEADERSHIP OF A 501(C)(3) ORGANIZATION. ALL ARE UNPAID VOLUNTEERS.
FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF DIRECTORS IS ELECTED
BY THE MEMBERS OF SISO, INC.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 MAILED TO
EXECUTIVE DIRECTOR, AND SUBSEQUENTLY ALL MEMBERS OF THE BOARD OF DIRECTORS
PRIOR TO FILING THE RETURN.
FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE POSTED ON THE
ORGANIZATION'S WEBSITE

FOOTNOTES

STATEMENT

1

SISO CONTINUES TO SUPPORT THE SEDRIS TECHNOLOGY STANDARDS DEVELOPMENT THROUGH THE INTERNATIONAL STANDARDS ORGANIZATION (ISO), THE DEVELOPMENT AND BALLOTING OF THE HIGH LEVEL ARCHITECTURE (HLA) FEDERATION DEVELOPMENT (FEDEP) STANDARDS THROUGH IEEE, AS WELL AS THE DEVELOPMENT OF THE REAL-TIME PLATFORM REFERENCE STANDARDS. SISO ALSO SUPPORTS SEVERAL SIMULATION INTEROPERABILITY STUDY GROUPS SUCH AS THE C41SR TECHNICAL REFERENCE MODEL (C41SR TRM), SIMULATION REFERENCE MARKUP LANGUAGE (SRML), AND TRANSFER CONTROL AND MEDICAL SIMULATION.

SIMULATION INTEROPERABILITY STANDARDS ORGANIZATION FEIN: 59-3429074

STATEMENT A

Form 990 – Disclosure Statement

During a routine review of SISO's bank statements by a member of the board of directors in July of 2009, certain suspicious transactions were discovered. A more detailed investigation indicated that a senior member of SISO had engaged in unauthorized financial activities including unauthorized withdrawals and partial repayments during 2006 - 2009.

The individual involved has been removed from involvement in SISO. A plan for repayment of the remaining withdrawals has been developed and remedial procedures have been established to ensure that no recurrence of such activities will take place. The unauthorized activities did not affect or otherwise endanger SISO's mission or operations.

As of the date of this filing, all unauthorized withdrawals have been repaid in full for the years 2006 and 2007. There is a balance due for the year 2009 and it is anticipated by SISO that this amount will also be repaid.